PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/780,497			ing Date 17/2 <b>00</b> 4	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A	.ED NO	N/A		N/A	TLE (0)	i	N/A	TLE (0)	
П	SEARCH FEF	or (c))	N/A		N/A		N/A		ı	N/A		
H	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A		N/A		ł	N/A N/A		
	(37 CFR 1.16(o), (p), FAL CLAIMS		N/A minus 20 =		, N/A		$\vdash$		OR			
INE	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ł	x \$ =		OR	x s =		
(37	CFR 1.16(h))	If the	If the specification and drawin		as avanad 100	ł	A # -		ı	^ -		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CF									
	MULTIPLE DEPEN	7 CFR 1.16(j))	]			1						
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	12/04/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 28	Minus	·· 25	= 3	1	x \$ =		OR	X \$50=	150	
	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0	1	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))											
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	150	
		(Column 1)		(Column 2)	(Column 3)	_						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
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Ξ	Application Size Fee (37 CFR 1.16(s))					]			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
									OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 10° in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annuates to complete, another implication, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS